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,	Audress)	
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MAR 0 4 2027. I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 525972 / 7937774

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 3, 2022

ORDER TIME : 2:16 PM

ORDER NO. : 525972-005

CUSTOMER NO: 7937774

CHANGE OF AGENT

NAME: PARRON INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org			
	er to change its registered office or regi			
1. The name of	the corporation: PARRON INC.			
	office address: 10708 NORTH 46TH S	ST TAMPA, FL 336	17-3480	
3. The mailing a	address (if different): 105 Scott Avenue	P.O. Box 475 Pari	is, Ontario N3L 3T	'5 CA
4. Date of incor	poration/qualification: 02/03/2004	Document	number: F040000	100634
5. The name and Florida Depar	d street address of the current registerec rtment of State: (If resigned, enter resig	I agent and registere	ed office on file wi	th the
	Underwood, Ronald G			202:
	10708 NORTH 46TH ST			2022 HAR SECHULA TALLA
	TAMPA	FL	33617	25 J
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and	d /or registered offi	OF STA
	Corporation Service Company			
	1201 Hays Street	_		
		Box NOT acceptable		
	Tallahassee	FL_	32301	
The street address changed will	ess of its registered office and the street be identical.	et address of the bu	siness office of its	registered agent,
Such change was authorized by th	is authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of d notified in writing o	lirectors or by an of the change.	officer so
K SV/B	Ronald Underwood		President	
•	e of an officer or director	> Printe	ed or typed name and till	-
document is beil corporation has Corporation	the appointment as registered agent a o comply with the provisions of all stu d I am familiar with and accept the ob- ng filed merely to reflect a change in to been notified in writing of this chang in Service Company	he remistered office	this capacity. e proper and comi ition as registered e address, I hereby	olete performance agent. Or, if this confirm that the
By: I Inc	rature of Registered Agent	03	/03/2022	
If signing on bel	• •		Date	
	Asst. Vice President ped or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)